



Patient Safety Indicator 02 (PSI 02) Death Rate in Low-Mortality Diagnosis Related Groups (DRGs) July 2019 Provider-Level Indicator Type of Score: Rate

Prepared by:

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DESCRIPTION

In-hospital deaths per 1,000 discharges for low mortality (< 0.5%) Diagnosis Related Groups (DRGs) among patients ages 18 years and older or obstetric patients. Excludes cases with trauma, cases with cancer, cases with an immunocompromised state, and transfers to an acute care facility.

[NOTE: The software provides the rate per hospital discharge. However, common practice reports the measure as per 1,000 discharges. The user must multiply the rate obtained from the software by 1,000 to report in-hospital deaths per 1,000 hospital discharges.]

NUMERATOR

Number of deaths (DISP=20) among cases meeting the inclusion and exclusion rules for the denominator.

DENOMINATOR

Discharges, for patients ages 18 years and older or MDC 14 (pregnancy, childbirth, and puerperium), with a low-mortality (less than 0.5% mortality) MS-DRG code (**LOWMODR**^{*}). If an MS-DRG is divided into “without/with (major) complications and comorbidities,” both codes without complications/comorbidities and codes with (major) complications/comorbidities must have mortality rates below 0.5% in the reference population to qualify for inclusion.

DENOMINATOR EXCLUSIONS

Exclude cases:

- with any listed ICD-10-CM diagnosis codes for trauma (*Appendix G: TRAUMID*)
- with any listed ICD-10-CM diagnosis codes for cancer (*Appendix H: CANCEID*)
- with any listed ICD-10-CM diagnosis codes for immunocompromised state (*Appendix I: IMMUNID*)
- with any listed ICD-10-PCS procedure codes for immunocompromised state (*Appendix I: IMMUNIP*)
- transfer to an acute care facility (DISP=2)
- with missing discharge disposition (DISP=missing), gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), or principal diagnosis (DX1=missing)

[*Appendix G - Trauma Diagnosis Codes*](#)

[*Appendix H - Cancer Diagnosis Codes*](#)

[*Appendix I - Immunocompromised State Diagnosis and Procedure Codes*](#)

* See below for code list

Low-mortality (less than 0.5%) MS-DRG codes: (LOWMODR)

069	Transient ischemia w/o thrombolytic	707	Major male pelvic procedures w cc/mcc
075	Viral meningitis w cc/mcc	708	Major male pelvic procedures w/o cc/mcc
076	Viral meningitis w/o cc/mcc	709	Major male penis procedures w cc/mcc
113	Orbital procedures w cc/mcc	710	Major male penis procedures w/o cc/mcc
114	Orbital procedures w/o cc/mcc	742	Uterine and adnexa procedures for non-malignancy w cc/mcc
116	Intraocular procedures w cc/mcc	743	Uterine and adnexa procedures for non-malignancy w/o cc/mcc
117	Intraocular procedures w/o cc/mcc	746	Vagina, cervix and vulva procedures w cc/mcc
123	Neurological eye disorders	747	Vagina, cervix and vulva procedures w/o cc/mcc
137	Mouth procedures w cc/mcc	748	Female reproductive system reconstructive procedures
138	Mouth procedures w/o cc/mcc	760	Menstrual and other female reproductive system disorders w cc/mcc
139	Salivary gland procedures	761	Menstrual and other female reproductive system disorders w/o cc/mcc
149	Dysequilibrium	765	Cesarean section w cc/mcc
202	Bronchitis and asthma w cc/mcc	766	Cesarean section w/o cc/mcc
203	Bronchitis and asthma w/o cc/mcc	767	Vaginal delivery with sterilization and/or D&C
312	Syncope and collapse	768	Vaginal delivery with O.R. procedure except sterilization and/or D&C
313	Chest pain	769	Postpartum and post abortion diagnoses with O.R. procedures
483	Major joint/limb reattachment procedure of upper extremities	770	Abortion with D&C, aspiration curettage or hysterotomy
488	Knee procedures without pdx of infection w cc/mcc	774	Vaginal delivery w cc/mcc
489	Knee procedures without pdx of infection w/o cc/mcc	775	Vaginal delivery w/o cc/mcc
506	Major thumb or joint procedures	776	Postpartum and post abortion diagnoses without O.R. procedures
507	Major shoulder or elbow joint procedures w cc/mcc	777	Ectopic pregnancy
508	Major shoulder or elbow joint procedures w/o cc/mcc	778	Threatened abortion
513	Hand or wrist procedures, except major thumb or joint procedures w cc/mcc	779	Abortion without D&C
514	Hand or wrist procedures, except major thumb or joint procedures w/o cc/mcc	780	False labor
518	Back and neck procedures except spinal fusion w mcc or disc device or neurostimulator	781	Other antepartum diagnoses w cc/mcc
519	Back and neck procedures except spinal fusion w cc	782	Other antepartum diagnoses w/o cc/mcc
520	Back and neck procedures except spinal fusion w/o cc/mcc	794	Neonate with other significant problems
537	Sprains, strains, and dislocations of hip, pelvis and thigh w cc/mcc	864	Fever and inflammatory conditions
538	Sprains, strains, and dislocations of hip, pelvis and thigh w/o cc/mcc	876	O.R. procedure with principal diagnoses of mental illness

582	Mastectomy for malignancy w cc/mcc	880	Acute adjustment reaction and psychosocial dysfunction
583	Mastectomy for malignancy w/o cc/mcc	881	Depressive neuroses
584	Breast biopsy, local excision and other breast procedures w cc/mcc	882	Neuroses except depressive
585	Breast biopsy, local excision and other breast procedures w/o cc/mcc	883	Disorders of personality and impulse control
600	Non-malignant breast disorders w cc/mcc	885	Psychoses
601	Non-malignant breast disorders w/o cc/mcc	886	Behavioral and developmental disorders
614	Adrenal and pituitary procedures w cc/mcc	887	Other mental disorder diagnoses
615	Adrenal and pituitary procedures w/o cc/mcc	894	Alcohol, drug abuse or dependence, left ama
652	Kidney transplant	895	Alcohol, drug abuse or dependence
691	Urinary stones with esw lithotripsy w cc/mcc	906	Hand procedures for injuries
692	Urinary stones with esw lithotripsy w/o cc/mcc	935	Non-extensive burns
		945	Rehabilitation w cc/mcc
		946	Rehabilitation w/o cc/mcc